

Juvenile ID: _____

DAVIDSON COUNTY JUVENILE COURT

Home Phone: _____

Date: _____

GENERAL DATA FORM

Other Phone: _____

Initials: _____

CHILD'S PERSONAL RECORD
(please print all blanks in family history)

Adult File : _____ Yes _____ No

C	Legal Name: _____	Social Security Number: _____	C	
	Last, First Middle			
H	OCA _____ DOB: _____ POB: _____ Sex: _____ Marital: _____	H		
I	Race: _____ Ethnicity: _____ Eye Color: _____ Hair Color: _____	I		
L	Height: _____ Ft. _____ In. Weight: _____ lbs. Medical Condition: _____	L		
D	Drivers License #: _____ Issue Date: _____ Issue State: _____	D		
	Living Arrangement of child:			
I	<input type="checkbox"/> With both biological parents	<input type="checkbox"/> With adoptive parents	<input type="checkbox"/> In an institution: _____	I
N	<input type="checkbox"/> With father and stepmother	<input type="checkbox"/> With relative	<input type="checkbox"/> In a group home: _____	N
F	<input type="checkbox"/> With mother and stepfather	<input type="checkbox"/> Independent	<input type="checkbox"/> With foster family: _____	F
O	<input type="checkbox"/> With mother	<input type="checkbox"/> Unknown	<input type="checkbox"/> In a residential center: _____	O
	<input type="checkbox"/> With father	<input type="checkbox"/> Other: _____		
Special Ed. Class: _____ School: _____ Last Grade Completed: _____				
Current Address: _____ City: _____ State: _____ Zip: _____				
Home Phone: _____ Other Phone: _____				

FAMILY HISTORY

MOTHER:

Name: _____	Social Security Number: _____
Last, First Middle	
Address: _____ Apt#: _____	City/State: _____ Zip: _____
Married: <u>Yes</u> <u>No</u> Race: _____ Birthdate: _____	Occupation: _____
Home Phone: _____	Employer: _____
Work Phone: _____	Work Address: _____

FATHER:

Name: _____	Legitimated: _____
Last, First Middle	Social Security Number: _____
Address: _____ Apt#: _____	City/State: _____ Zip: _____
Married: <u>Yes</u> <u>No</u> Race: _____ Birthdate: _____	Occupation: _____
Home Phone: _____	Employer: _____
Work Phone: _____	Work Address: _____

LEGAL GUARDIAN:

Name: _____	Relationship: _____
Last, First Middle	Social Security Number: _____
Address: _____ Apt#: _____	City/State: _____ Zip: _____
Sex: _____ Race: _____ Birthdate: _____	Occupation: _____
Home Phone: _____	Employer: _____
Work Phone: _____	Work Address: _____

STEP-PARENT:

Name: _____	Social Security Number: _____
Last, First Middle	
Address: _____ Apt#: _____	City/State: _____ Zip: _____
Sex: _____ Race: _____ Birthdate: _____	Occupation: _____
Home Phone: _____	Employer: _____
Work Phone: _____	Work Address: _____

File #: _____

DAVIDSON COUNTY JUVENILE COURT

Page 2

Last Name: _____

GENERAL DATA FORM

CHILD'S PERSONAL RECORD

(please print)

PETITIONER: _____ **SSN#:** _____ **DOB:** _____

Last, First Middle

RELATIONSHIP TO CHILD(REN): _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ HM PHONE: _____ WK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

ATTORNEY: _____ **FOR:** _____

Last, First Middle

FIRM: _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ PHONE: _____ FAX: _____

ATTORNEY: _____ **FOR:** _____

Last, First Middle

FIRM: _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ PHONE: _____ FAX: _____

ATTORNEY: _____ **FOR:** _____

Last, First Middle

FIRM: _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ PHONE: _____ FAX: _____

ATTORNEY: _____ **FOR:** _____

Last, First Middle

FIRM: _____

MAILING ADDRESS: _____

CITY/ST: _____ ZIP: _____ PHONE: _____ FAX: _____

SIBLING:

Name: _____ Date of Birth: _____ File #: _____

Name: _____ Date of Birth: _____ File #: _____

Name: _____ Date of Birth: _____ File #: _____

Name: _____ Date of Birth: _____ File #: _____